

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 210  
Registered No. 150

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Lauretta Charlotte Campbell  
If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 4. Twin, tripler or other \_\_\_\_\_ 6. Legitimate? yes  
To be answered ONLY in event of plural births. 5. No., in order of birth 1st 7. Date of birth June 30, 1925  
Month Day Year

8. FATHER Full name James Roswell Campbell 14. MOTHER Full maiden name Josephine E. Sackett

9. Residence (Usual place of abode) Miami, Ariz. 15. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.

10. Color or race Cauc. 16. Color or race Cauc.  
11. Age at last birthday 22 (Years) 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Bridger, Mont. 18. Birthplace (city or place) Terminal Island, Calif.  
(State or country)

13. Occupation Nature of industry Ballmill operator 19. Occupation Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 4:50 P.m. on the date above stated  
(Born alive or stillborn)

Signature Byron M. Cron M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Ariz.

Month, day, year \_\_\_\_\_ Filed July 5, 1925 Registrar C. E. Jones

Registrar

333-630-123

MARGIN - USED FOR BINDING  
WRITE PL. ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.